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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *DWL/nov*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *DWL/nov*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature <i>DWL/nov</i>	Allowance Initials <i>DWL</i>				
Examiner's Signature <i>DWL/nov</i>	Initials <i>DWL</i>				

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## TITLE

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